

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90010 040 ***150.00

DOCUMENT # F03000002562

1. Entity Name
INTERIOR ALTERATIONS, INC.



Principal Place of Business
318 WEST ADAMS STREET
CHICAGO, IL 60606

Mailing Address
C/O HOWARD G. KAPLAN
180 NORTH LASALLE STREET, SUITE 2505
CHICAGO, IL 60601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152004

Chg-P

CR2E034 (10/03)

4. FEI Number

~~3636002~~ 36-3603024

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCD ☐ Delete
NAME KOBYLAR, LESTER J
STREET ADDRESS 318 WEST ADAMS STREET
CITY-ST-ZIP CHICAGO, IL 60606

TITLE STD ☐ Delete
NAME MATTINGLY, NANCY
STREET ADDRESS 318 WEST ADAMS STREET
CITY-ST-ZIP CHICAGO, IL 60606

TITLE D ☒ Delete
NAME LANSKY, OLIVIA
STREET ADDRESS 318 WEST ADAMS STREET
CITY-ST-ZIP CHICAGO, IL 60606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☒ Change ☐ Addition
NAME Kobylar, Lester J
STREET ADDRESS 318 West Adams Street
CITY-ST-ZIP Chicago, IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition
NAME Grogan, William
STREET ADDRESS 318 West Adams Street
CITY-ST-ZIP Chicago, IL 60606

TITLE PD ☐ Change ☒ Addition
NAME McKenna, Robert D.
STREET ADDRESS 318 West Adams Street
CITY-ST-ZIP Chicago, IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William S. GROGAN 2/3/04